

APPLICATION FOR TAX SEGREGATION

DAN McALLISTER, SAN DIEGO COUNTY TREASURER-TAX COLLECTOR
1600 PACIFIC HIGHWAY, ROOM 162
SAN DIEGO, CALIFORNIA 92101-2477
PHONE (619) 531-5709

OFFICE USE ONLY

Collector's # _____
Assessor's # _____
Date Worked _____
To Assesor _____

INFORMATION FOR EACH BOX BELOW CAN BE OBTAINED BY SCROLLING TO THE ITEM AND CLICKING ON IT.

1. Date _____

Under the provisions of Section 2821 of the Revenue and Taxation Code, the undersigned hereby makes application for the segregation of the following property for the current tax. To avoid penalties, this application, with the required statements and/or certifications must be filed with this office prior to December 10 (April 10 for second installment).

2. Parcel Number _____ 3. Tax Rate Area _____

4. Assessee's Name _____ 5. Owner of Segregated Portion _____

6. Mailing Address of Owner of Segregated Portion _____

7. Document (attach to application) COPY OF RECORDED GRANT DEED 8. Recording Date _____ 9. File/Page No. _____

10. Name of Applicant _____

I, _____, certify under penalty of perjury that the property referred to in Item 2 above is evidenced by a duly executed document which is recorded in the Official Records of the County of San Diego, California. That said property is not covered by a new subdivision map filed subsequent to 12:01 a.m. on the first day of January preceding the current fiscal year.

11. Applicant's Signature _____ 12. Business Phone _____ Residence Phone _____

13. Street Address _____ City _____ State _____ Zip Code _____

OFFICE USE ONLY

Values: Real Estate _____ Improvements _____ Exemption _____

Personal Property _____ Special Assessment(s) _____
Fund # _____ \$ _____
A.V. _____ \$ _____ Fund # _____ \$ _____

Special Instructions: _____

Segregated Parcel # _____ Mailed – Pen. Canc. _____ Name & Address _____

Parcel # _____ Mailed – Pen. Canc. _____ Name & Address _____

Parcel # _____ Mailed – Pen. Canc. _____ Name & Address _____

Parcel # _____ Mailed – Pen. Canc. _____ Name & Address _____

Info MPR _____ Del. Ck'd _____ Plng Ltr. _____ Posted _____ Typed by _____ Billed _____ Spec. Stmt(s) _____ Orig. Bill? _____
1. _____ 2. _____

Form SEG 4 (Rev. 04/03)

ASSESSOR'S COPY _____ FILE COPY _____

Cut #

INSTRUCTIONS FOR TAX SEGREGATION APPLICATION

APPLICATIONS ARE ACCEPTED AFTER JULY 1 FOR DOCUMENTS RECORDED ON OR AFTER JANUARY 1

Items 1 through 13 must be completed before submitting to the Tax Collector. Applications may be submitted personally, by mail or fax. In person or via mail: Treasurer-Tax Collector, 1600 Pacific Highway, Room 162, San Diego, CA 92010; FAX: (619) 595-4626.

Note: If application is filed on or before December 10 (April 10 for second installment) delinquent penalties will not be applied and payment of the current tax is not required until you receive a correct bill.

The information for entry on this application (Items 1 – 13) is described in the following instructions:

Item 1. DATE. Enter month, day and year.

Item 2. PARCEL NUMBER. Enter book, page and parcel number as it appears on the current tax bill.

| | |
|-------------------------------|------------------|
| <u>Example:</u> Parcel Number | 123 – 456 – 7800 |
| | Book Page Par |

Item 3. TAX RATE AREA. Enter tax rate area as it appears on the current tax bill.

| | |
|-----------------|---------------|
| <u>Example:</u> | Tax Rate Area |
| | 08001 |

Item 4. ASSESSEE'S NAME. Enter owner of record as of preceding January 1 as it appears on the current tax bill.

Item 5. OWNER OF SEGREGATED PORTION. Enter name of the purchaser of the portion to be segregated.

Item 6. MAILING ADDRESS OF THE OWNER OF SEGREGATED PORTION. Enter mailing address of person whose name appears in Item 5. This address will be used for mailing the segregated tax bill.

Item 7. DOCUMENT. ITEM 7 is very important. A copy of the recorded legal ownership document with all supporting exhibits must accompany this application. PLEASE NOTE – DO NOT SEND THE ORIGINAL DEED RECEIVED FROM THE OFFICE OF THE RECORDER. Many supermarkets, discount drug stores, banks, public libraries, etc. provide reproduction equipment where copies can be made.

Item 8. RECORDING DATE. Enter the date as stamped on the face of the deed by the Recorder. It is usually located in the upper right-hand corner of the document.

Item 9. FILE/PAGE NO. Enter File/Page Number. It is usually located in the upper right-hand corner of the recorded document.

Item 10. NAME OF APPLICANT. Enter name of the person applying for this segregation. It may be the buyer, seller, or agent for either.

Item 11. APPLICANT'S SIGNATURE. The signature of the applicant. (Same as in Item 10.)

Item 12. BUSINESS PHONE – RESIDENCE PHONE. Enter both telephone numbers of applicant.

Item 13. STREET ADDRESS, CITY, STATE, ZIP CODE. Enter complete mailing address of applicant.

DO NOT WRITE BELOW ITEM 13; FOR OFFICIAL USE ONLY